

Medicaid Basics

Presentation to the Developmental Disabilities
Residential Advisory Group
November 18, 2005

Materials to be covered in today's presentation:

1. Brief overview of the Medicaid program
2. Summary of differences between “regular” Medicaid state plan services and waiver program services
3. Description of Medicaid services that offer residential supports to individuals with developmental disabilities
 - Medicaid Personal Care
 - Intermediate Care Facilities for the Mentally Retarded (ICF/MRs)
 - Home and Community-Based Waiver Programs

What is Medicaid?

- Medicaid is a means-tested, federal-state program that funds health and long-term care services for individuals who meet certain income and eligibility criteria.
- Within federal law, states have some flexibility to design their own programs, including eligibility, reimbursement rates, benefits, and service delivery.
- In Washington, the Health and Recovery Services Administration administers the health care program and the Aging and Disability Services Administration operates programs providing long-term care services to the elderly and individuals with developmental disabilities.
- The federal government provides matching funds to states for the costs of covering eligible individuals. In Washington, the typical match is \$1 of federal for every \$1 of state funding.

States that participate in Medicaid must cover certain eligibility groups and a set of mandatory services.

Mandatory Groups	Mandatory Services
<ul style="list-style-type: none"> • Temporary Assistance for Needy Families (TANF) • Pregnant Women • Income Eligible Children <ul style="list-style-type: none"> - Ages 0 -5 to 133% of the Federal Poverty Level (FPL) - Ages 6 – 19 to 100% FPL • Foster Care/Adoption • SSI Recipients (Aged, Blind, Disabled) • Qualified Medicare Beneficiaries 	<ul style="list-style-type: none"> • Inpatient Hospital • Outpatient Hospital • Physician Services • Nursing Home Care • Lab and X-ray • Home Health • Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Screens • Rural Health Clinics • Medicare Premiums • Family Planning • Transportation
Optional Groups	Optional Services
<ul style="list-style-type: none"> • Children up to 200% FPL • Medically Needy • Breast and Cervical Cancer Treatment • Take Charge Family Planning • Non-SSI Aged, Blind, and Disabled 	<ul style="list-style-type: none"> • Prescription Drugs • Dental • Vision • Durable Medical Equipment • Mental Health Facility Services • Other practitioners/services • Interpreters • Targeted Case Management • Hospice • Personal Care • Intermediate Care Facilities for the Mentally Retarded (ICF/MRs) • Home and Community-Based Services(via waivers)

Source: Kaiser Commission on Medicaid and the Uninsured

Most of the services provided by the Division of Developmental Disabilities are considered “optional” Medicaid services.

- Washington’s “regular” Medicaid program (state plan)
 - Medicaid Personal Care
 - Intermediate Care Facilities for the Mentally Retarded (ICF/MRs)

- Washington’s “waiver-based” Medicaid program
 - Home and community-based service waiver programs provide a Medicaid alternative to institutionalization for eligible individuals.
 - The division operates four waivers:
 - 1) Basic Waiver
 - 2) Basic Plus Waiver
 - 3) Core Waiver
 - 4) Community Protection Waiver

How do Medicaid state plan services differ from services provided through home and community-based waiver programs?

- Anyone meeting both financial and categorical eligibility criteria for Medicaid is “entitled” to the services offered through the “regular” Medicaid program.
- States have greater flexibility to manage home and community based waiver programs, and access to the waiver program is not an “entitlement.”
 - Caps on enrollment
 - Different packages of services
 - Thresholds on expenditures
 - Eligibility for clients with higher incomes than under regular Medicaid
- However, once a person is enrolled on a waiver they are “entitled” to any service on that waiver that they are assessed as needing. They are also eligible for other Medicaid services, such as acute medical care.

What are the Medicaid income eligibility guidelines for individuals with developmental disabilities in Washington?

“Regular” state-plan Medicaid

- Eligibility for cash assistance under the Supplemental Security Income (SSI) program on the basis of disability is the primary pathway for eligibility for Medicaid for individuals with developmental disabilities.
- Categorically Needy Blind/Disabled Adult – 100% of SSI or \$579/month (74% of poverty level)
- Some children qualify for Medicaid on the basis of family income or other Medicaid eligibility groups.

ICF/MR and Home and Community-Based Waiver Programs

Children:

- 300% of SSI or \$1,737/month (223% of poverty level)
- Under federal rules, children in institutions or on home and community-based waivers are not considered part of their parents' household; thus parents' income and assets are ignored when determining financial eligibility.

Adults:

- 300% of SSI or \$1,737/month (223% of poverty level)

How is a person eligible for services from DDD?

Eligibility is a three step process:

- Be determined to have a developmental disability;
- Be assessed as needing services;
- Meet financial and other functional eligibility requirements:
 - “Regular” Medicaid (Medicaid Personal Care & RHCs)
 - Waiver Medicaid Services
 - Other state-funded programs

Medicaid Personal Care

What is Medicaid Personal Care?

- Medicaid Personal Care (MPC) provides assistance to Medicaid eligible persons with a functional disability with activities of daily living (ADLs).
- Services are provided in the client's home by an individual or homecare agency provider, or in community residential settings.
- Community residential settings provided through MPC include Adult Family Homes and Adult Residential Care.
- If an individual is functionally and financially eligible, access to Medicaid Personal Care is an “entitlement” under the state Medicaid plan.

What are the eligibility criteria for receiving MPC?

Functional Eligibility:

- Functional eligibility is assessed with the CARE assessment tool
- A client must require substantial assistance with at least one, or minimal assistance with more than two, of the following direct personal care tasks:
 - Eating, toileting, self-medication
 - Personal hygiene, bathing
 - Specialized body care, dressing
 - Transfer/positioning, ambulation

Financial Eligibility:

- SSI is the primary pathway to Medicaid eligibility for an individual with a developmental disability; however, some children may qualify through other Medicaid coverage groups.
- 100% of SSI or \$579/month in 2005 (74% of poverty level)

ICF/MRs and Nursing Facility Services

What are ICF/MR and Nursing Facility Services?

- In DD, nursing facility and ICF/MR services are primarily provided in Residential Habilitation Centers (RHCs) or small community ICF/MRs.
- Residential Habilitation Centers are certified as an ICF/MR, a skilled nursing facility (SNF), or both.
- ICF/MR services are available on a 24-hour basis and include medical and nursing services, physical and occupational therapy, recreational services, and room and board.
- Federal ICF/MR standards require that each resident receive a continuous “active treatment” program that includes training and treatment to improve and maintain independent functioning.
- If an individual is functionally and financially eligible, access to ICF/MR and nursing facility services are an “entitlement” under the state Medicaid plan.

What are the eligibility criteria for receiving services in a Residential Habilitation Center?

Functional Eligibility:

- Individual must require ICF/MR or nursing facility level of care as determined by the support needs assessment.
- The CARE assessment tool is subsequently used to assess whether an individual needs the services offered in a RHC (24-hour care and “active treatment”)

Financial Eligibility:

- SSI is the primary pathway to Medicaid eligibility
- Washington covers individuals with income levels greater than under regular Medicaid for institutional services – 300% of SSI or \$1,737/month (223% of poverty)
- Parents’ income and assets are not considered when determining eligibility for children.

Home and Community-Based Waivers

What are Home and Community-Based Waivers?

- Waiver programs provide an alternative to providing long-term care in institutions.
- Waiver programs vary by state, but typically include services not offered on the Medicaid state plan such as respite care, day programs, and habilitation services.
- Waiver programs enable states to control utilization and costs in ways not permitted under the “regular” Medicaid program.
- DD operates four home and community-based waiver programs. Each waiver has specific limits on benefits, services, and enrollees.
- Residential services provided under the DD home and community-based waivers include supported living, SOLAs, adult family homes, group homes, adult residential centers, companion homes, foster homes, and licensed staffed residential services.

What are the general eligibility criteria for receiving services through a DD home and community-based waiver?

Functional Eligibility:

- Individual must require ICF/MR level of care
- Individual must meet any waiver-specific criteria
- Service needs are assessed using the Comprehensive Assessment

Financial Eligibility:

- SSI is the primary pathway to Medicaid eligibility for an individual with a developmental disability.
- Washington covers individuals with income levels greater than under regular Medicaid for waiver program services – 300% of SSI or \$1,737/month (223% of poverty)
- Parents' income and assets are not considered when determining eligibility for children.

Description of DD Home and Community-Based Waiver Programs

■ Basic Waiver

- Clients live with their family or in their own home.
- Services are limited and might include personal care, family support, respite, or employment & day programs.
- Yearly dollar limit on certain services.

■ Basic Plus Waiver:

- Clients live with their family or in their own home.
- Clients may live in an adult family home or adult residential care facility
- Services are limited and might include personal care, family support, respite, or employment & day programs.
- Yearly dollar limit on certain services.
- Limits are greater on the Basic Plus Waiver.

Description of DD Home and Community-Based Waiver Programs

■ Core Waiver

- Clients require residential habilitation services or live at home, but are at immediate risk of institutionalization.
- Includes most of basic and basic plus services plus residential.

■ Community Protection

- Clients require 24-hour, on-site staff supervision.
- Meet the DD criteria for “community protection” and client agrees to the community protection care plan.
- Includes most of basic and basic plus services, except for personal care.

CY 2005 Federal Poverty Level by Family Size

2005	Annual Income By Percentage of Federal Poverty Level				
Family Size	100%	185%	200%	250%	300%
1	\$ 9,570	\$ 17,705	\$ 19,140	\$ 23,925	\$ 28,710
2	\$ 12,830	\$ 23,736	\$ 25,660	\$ 32,075	\$ 38,490
3	\$ 16,090	\$ 29,767	\$ 32,180	\$ 40,225	\$ 48,270
4	\$ 19,350	\$ 35,798	\$ 38,700	\$ 48,375	\$ 58,050
5	\$ 22,610	\$ 41,829	\$ 45,220	\$ 56,525	\$ 67,830
6	\$ 25,870	\$ 47,860	\$ 51,740	\$ 64,675	\$ 77,610
7	\$ 29,130	\$ 53,891	\$ 58,260	\$ 72,825	\$ 87,390
8	\$ 32,390	\$ 59,922	\$ 64,780	\$ 80,975	\$ 97,170